**SURESEARCH MEMBERSHIP FORM**

**Name:**

**Email:**

**Address:**

**Telephone:**

**I wish to be a member of ‘Suresearch’.**

**I agree to its authorized members using the personal information on this form for the purposes of the membership record and to keep me informed of the activities of Suresearch and other mental health related events.**

In joining, members agree to abide by the Suresearch Constitution, and Code of Conduct (obtainable via the Contact Us page of our website).

**Signed………………………………………………………………………………………..………………Date…………………..**

We are interested in:

Whether there is anything we can do to facilitate your involvement in Suresearch, particularly any accessibility needs.

Any information you would like to give us at this stage about your involvement in mental health related activities, and how you would like to be involved in Suresearch.

Any further information can be added below, or on other side of the form.

Please return this form to: Suresearch, c/o Park House, 40 Edgbaston Park Road, Edgbaston, Birmingham, B15 2RT

Or email a completed copy to us via the Contact Us page on our website at <http://www.suresearch.org.uk/>.

**Further Information:**